

Allowing GPs To Book 2WW CRC Investigations Directly – Will We Open The Floodgates?

A Odofin**, E Loveday, A Wint*, A Lyons, AM Pullyblank

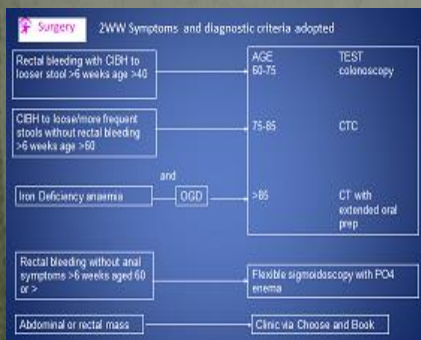
**Walsall Manor Hospital, North Bristol NHS Trust, *South Gloucestershire Clinical Commissioning Group

Background

To meet colorectal cancer targets, we had a paper-based 'straight to test' system for 2 week wait (2WW) referrals for patients under 80. About a week of the pathway was wasted on nurse-led triage, and 62 day target performance was poor. GPs were requesting direct access to diagnostics so we introduced a new electronic 2WW referral system in February 2015 allowing GPs to book investigations directly, aligned to 2WW symptoms for all ages. We present an evaluation of this service.

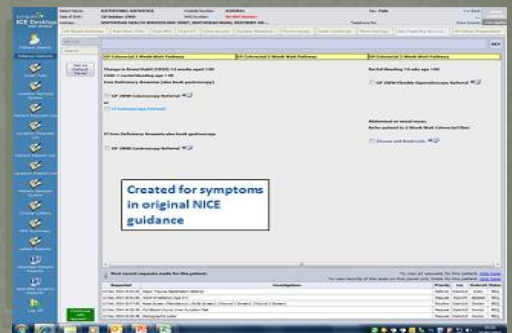
Aim: To evaluate the first year of this new pathway

Method: review of prospectively collected endoscopy data, electronic radiology system and cancer office data



Cancer Performance

- Overall cancer pick up 4.3%
- 2.9% Colonoscopy
- 4.8% Flexible Sig
- Time to diagnosis reduced from 28 to 11 days
- 62 day cancer performance increased from 69% to 82%



Flexible sigmoidoscopy findings

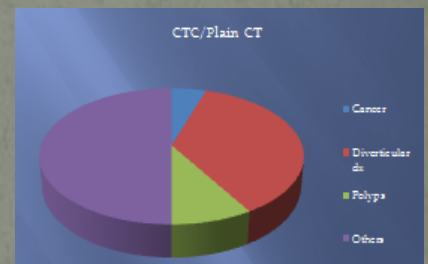


- 6% declined flexible sigmoidoscopy, 1% DNA
- We are developing a NBT specific patient information leaflet
- Have modified the e-referral system

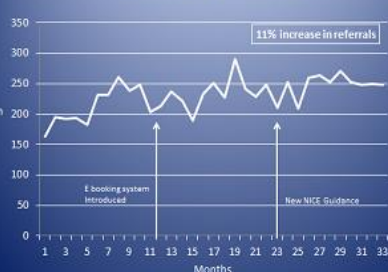
Colonoscopy Findings



- 10% declined colonoscopy, 1.5% DNA
- Over 80s referred for colonoscopy despite guidance
- 7% sent for an alternative test



Number of referrals



62 day target



Conclusion

An innovative IT system allowing GPs to book 2WW tests reduced time to diagnosis and improved 62 day cancer performance. However this was offset by an 11% increase in 2WW referrals, but a 27% reduction in clinic visit led to an improvement in capacity.